



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01167896

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK, TX 786802050

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$91,241.33
Discount Amt Taken: \$0.00
Payment Amount: **\$91,241.33**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract	\$91,241.33
ShipTo ID Non-HHSAS Cntrct ID						
1326						
Contract # Wkfc Org PmtDt IC RC						
529-16-0132-00006 N						
Invoice DT: 07/15/16 Reqt'd Pay DT: 12/29/16						
Inv Recv'd DT: 12/21/16 Pay Due DT: 01/20/17						
Service DT: 11/30/16 P O DT: 09/01/16						
Account	Entry Event	Fund	Dept	Program	Class	Budget Ref
1.1	762300	0001	MHTWG	1011P	03150	2017
Open Item Key:						
Conf:N						
Amount						\$91,241.33
Certified Amt:						0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

DEC 23 2016

12/22/2016

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Kulkarni, Anjali Narayan

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

Health & Human Services
Commission
PURCHASE VOUCHER

STATE OF TEXAS

01167896

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency number 529		3. Agency name Health & Human Services Commission		4. Current document number	
5. Effective date		7. Original date		8. Doc agency 529	
9. Texas Identification number 17427579192000		10. PDT RECEIVED		12. Purchase Order number 0000096282	
13. Document amount \$91,241.33		14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050		17. AGENCY USE	
18 SFX 001		FY 7623		Amount	
APPN		Fund		Invoice date	
DeptID/Speedchart MHTWG		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date 3 days		Interest Control		Reason Code	
18 SFX 001		FY		Amount	
APPN		Fund		Invoice date	
DeptID/Speedchart		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date		Interest Control		Reason Code	
18 SFX 001		FY		Amount	
APPN		Fund		Invoice date	
DeptID/Speedchart		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date		Interest Control		Reason Code	
19. SERVICE / DEL DATE November 2016		20. DESCRIPTION OF GOODS OR SERVICES Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity: non profit corporation		23. AMOUNT 91,241.33	
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name Carol Everett		Phone (Area code and number) 512-255-2088			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE		Printed Name		Phone (Area code and number)	
Agency Approver SIGN HERE		Printed Name		Phone (Area code and number)	
Kim Relph		Kim Relph		512-776-6443	

Form 4116 02/2015

EW 12/21/14

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 1
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006
Purchase Order Term: 7/15/2016 - 8/31/2017
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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Agency Contact: Camille Laosebikan
Phone: 512-776-3561
Email: Camille.laosebikan@hhsc.state.tx.us

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HHS-PCS Purchasing Contact: Carol Marshall, CTPM
Phone: 512-406-2476
Email: carol.marshall2@hhsc.state.tx.us

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PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	952-58	1.00	LOT	1,099,731.00000	1,099,731.00	09/22/2016
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Schedule Total 1,099,731.00

Contract ID: 529-16-0132-00006

Contract Line: 0 Release: 2

Item Total for Line 1 1,099,731.00

Total PO Amount 1,099,731.00

Health & Human Services Commission

Purchase Order CHANGE ORDER

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
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Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



Negron,Elizabeth (HHSC)

From: Relph, Kim H (HHSC)
Sent: Wednesday, December 21, 2016 3:04 PM
To: HHSC AP
Subject: Voucher Approval - HTW - The Heidi Group 112016
Attachments: November 2016 B-13H HHSC.xls; November 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist

Health & Human Services, Austin TX
Medical & Social Services Division
Women's Health & Education Services
Contract Support, Mail Code 1326
phone: 512-776-6443

From: HHSC Women's Health Services (WHS) Finance
Sent: Friday, December 09, 2016 8:50 AM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: FW: November Voucher and Form B13 H

From: HTW Billing [<mailto:htwbilling@heidigroup.org>]
Sent: Thursday, December 08, 2016 4:18 PM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Subject: November Voucher and Form B13 H

Attached are our voucher and Form B13 H for the month of November.

Thank you and have a great day!

Toni Moman

Toni Moman

The Heidi Group

(512) 255-2088 | toni@heidigroup.org

www.heidigroup.org